



Nevada Violence Against Women

Program Needs Assessment

Bureau of Family Health Services

Nevada State Health Division

Department of Human Resources

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Introduction

Over the past several years, systems such as judicial, law enforcement, prosecution, health care, education, social services and mental health have become increasingly involved in addressing violence against women. In order to effectively combat violence against women there must be an understanding of the special characteristics of these crimes. Without an understanding of the dynamics of domestic and sexual violence, a victim's life can inadvertently be placed in further danger, and perpetrators are unlikely to be held accountable for their behaviors.

Violence against women is different from other crimes. Most crimes against women involve people who know each other and who are in an intimate emotional relationship. These relationships involve elements of past trust and love. The victim's life is often entangled with the life of the perpetrator. Victims are betrayed by the very people who claim to love them.

Violence against women involves patterns of coercive domination and control supported by various forms of abuse. The perpetrator uses or threatens to use violence to coerce the victim to comply with his desires. Victims of this violence suffer varying degrees of injuries including bruises, fractures, burns, head trauma, genital injuries and other injuries from weapons. Perpetrators often use tactics such as threats, isolation, false promises, intimidation and economic abuse to obtain compliance from the victim. When a victim threatens to report the abuse, the perpetrator often uses these tactics to keep her silenced.

Because of fear of retaliation, victims of these crimes are often reluctant to come forward and report the abuse. Victims often do not believe that the system can assist them. This belief is sometimes based on previous experiences with inadequate systemic responses. By asking a victim to come forward and take action against the perpetrator, the victim is forced to confront the very person who holds tremendous power over her, and who can cause her serious injury or even death in retaliation for reporting. Without trusting that systems can provide assistance in a safe and victim-sensitive manner, victims often decline to come forward or seek intervention.

Through a better understanding of the special characteristics of crimes against women, we can more effectively respond to these unique cases. As new approaches are developed in handling violence against women issues the victim's life can be made safer, the perpetrator can be held accountable and progress can be made toward ending the violence.

The question rises within our state of, "Why do we need an assessment plan to reduce violence against women?" Over the last 20 years, awareness of the nature and extent of violence

against women has grown dramatically, leading to the development of an extensive range of support and legal services for women who experience violence. Such services provide accommodation, counseling, information, advocacy and support. Community attitudes towards violence against women have also changed. Violence in the home is now recognized as a crime, not a private matter.

This study was conducted as part of a plan to identify resources that could sustain and/or enhance Violence Against Women (VAW) programs and services within the state of Nevada. Through a grant from the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, the Nevada State Health Division (NSHD) formed a steering committee consisting of representatives from different state agencies and coalitions to guide the study. Based on the terms of the grant, a consultant with experience in social services as well as public administration was hired to conduct a statewide needs assessment concerning VAW programs and to develop a statewide resource manual of programs. A general survey was developed to gather background and community information before holding twelve small focus groups throughout the state of Nevada.

Background

No one agency alone can transform the cultural, social, and legal environment that gives rise to and condones widespread violence against women. Ending violence against women requires long-term commitment and strategies involving all parts of society. In Nevada, many government agencies have committed themselves to overcoming violence against women by passing and enforcing laws that ensure women's legal rights and holding the offenders accountable. In addition, community-based strategies have focused on empowering women, reaching out to men, and changing the beliefs and attitudes that permit abusive behavior. Nevertheless, there are still many victims and perpetrators who do not receive the needed services in Nevada, especially in the rural communities, due to the lack of services.

For over two decades, women's advocacy groups around the world have been working to draw more attention to the physical, psychological, and sexual abuse of women and to stress the need for action. In Nevada, many grassroots agencies and statewide networks and coalitions have worked to provide abused women with shelter, lobbied for legal reforms, and challenged the widespread attitudes and beliefs that support violent behavior against women. In addition, having recognized the importance of educating the community on the many types of violence

and victimization, the state of Nevada now has a Domestic Violence Ombudsman and Coordinators for Domestic Violence Prevention, Rape Prevention and Injury Prevention within the Health Division.

The state also has several organizations and coalitions addressing specific types of violence in Nevada. The Nevada Network Against Domestic Violence is a statewide non-governmental organization whose membership includes most of the domestic violence victim service programs and shelters throughout the state. The Domestic Violence Prevention Council is a statewide multidisciplinary coordinating body consisting of approximately 25 individuals, chaired by the Attorney General. The Nevada Coalition Against Sexual Violence is a multi-disciplinary organization with members representing all aspects of sexual violence prevention and intervention. Although not every aspect of violence against women in Nevada is addressed, the state continues to strive toward strengthening policies and practices and furthering the field of prevention and intervention related to violence against women. Recent legislative developments have been quite significant in addressing domestic violence. Some of the legal reforms include a mandatory arrest law (NRS 178.484), a 12-hour hold upon arrest for domestic battery and protection order violation, and a mandatory sentencing scheme for domestic battery convictions which includes mandatory jail time, certified batterer treatment and enhancements for subsequent violations. In 1997, the Nevada State Legislature created the position of Domestic Violence Ombudsman, created the Committee on Domestic Violence to certify and monitor the provision of batterer treatment in Nevada, and established the Confidential Address Program (CAP) to assist victims of domestic violence fleeing abusive situations by providing a substitute mailing address and confidential voter registration record.

There are a variety of funding sources that support numerous projects and services. Nevada State Welfare will assist Temporary Assistance to Needy Family Program recipients by paying for individual and group counseling by a licensed and/or certified professional, shelter, motel/hotel, food, crisis intervention, safety plans, action plan development/amendment, court, hospital or law enforcement accompaniment, temporary and extended protection orders, relocation due to violence, individual and group transitional services as well as personal need items for non-shelter families. County Victim Witness Programs assist with medical expenses, lost wages if the client was employed at the time of the injuries, information and referrals to appropriate agencies, and paying for individual and group counseling services by a licensed

and/or certified professional. The Nevada State Victim Assistance Program continues to assist with counseling expenses after county resources have been exhausted.

Federal funding has allowed the state to develop new initiatives and to support existing programs. The Attorney General's Office has acted as administrator of STOP Violence Against Women Act (VAWA) funds from the US Department of Justice since 1995. These funds have supported critical services for domestic violence victims, victim advocates at police departments, prosecution offices and protection order offices, training for law enforcement, and many other important projects. In addition, the Attorney General's Office, the Administrative Office of the Courts and the Department of Public Safety (DPS) have worked together to create a statewide protective order repository within the Nevada records of criminal history, with the goal of enhancing the swift enforcement of these orders. The Nevada Commission on Peace Officer Standards and Training has teamed up with the Attorney General's Office to develop a protocol and training curriculum on protection order enforcement for law enforcement and intends to develop law enforcement protocols and training on all facets of domestic violence, and to enhance the training resources available in Nevada. The Civil Legal Assistance Project is a collaborative effort among the non-profit legal service providers in Carson City, Washoe County and Clark County. The Nevada Network Against Domestic Violence enhances the provision of legal services to victims not only in Nevada's two largest urban areas but also in the extremely isolated rural counties within Nevada.

According to *Domestic Violence in Nevada*, produced by the Domestic Violence Ombudsman based on law enforcement reports sent to the Uniform Crime Reporting (UCR) Program at the Nevada Department of Public Safety, Nevada law enforcement responded to approximately 23,000 domestic violence incidents during 2001. NNADV reports that, during the same period, the state's community domestic violence programs assisted more than 74,000 victims. With respect to sexual assault, UCR statistics indicate that there were 883 incidents of forcible rape during the same year.

Resource Directory

There are several resource and service guides produced in Nevada. Some are statewide, some are countywide, and some are local. In every category, there are gaps in sections relating to VAW. Statewide guides may not reference small service agencies; county guides may not

reference services that are available but not located within their county; local guides may not reference statewide services or other services located within the county.

Information from the survey was used to add VAW services to an existing Nevada State Health Division, Bureau of Family Health Service, Statewide Resource Manual. This manual will be distributed throughout the state to service providers and other interested parties.

Survey

Survey research was utilized as the research design for this study. According to Rubin and Babbie (1997), survey research was the appropriate means of research due to the cost limitations of the research, the explorative nature and the fact that no intervention was being tested. There were no apparent threats to the internal validity of the survey research that included selection, history, statistical regression, and experimental attrition. A data-collection questionnaire (See Exhibit 1) which was used as the measurement and a cover letter (See Exhibit 2) which was attached to each measurement instrument was created for the project.

Over 500 surveys were mailed to local social service, medical, mental health and legal service providers, county sheriffs and city police offices, as well as members of the judicial system. The measurement instrument utilized for the purpose of this research was comprised of 18 questions. Questions #1 through #11 were to gather general demographics and information to be utilized to develop a statewide resource manual on VAW resources. Question #12 examined if services are available in an alternative language. Question #13 identified if the agency has a hotline and/or the need for additional hotlines. This question was also used to determine the awareness of hotlines already in operation in Nevada. The next question, #14, was devised to determine follow up measures, or evaluations for success; many times, it is hard to measure if a program is successful due to the transient nature of the clientele. Question #15 was an open-ended question designed to provide respondents with the opportunity to express what they feel are the three greatest needs not being addressed adequately in their communities. Questions #16 addressed agencies' funding sources and use of grants to determine if agencies are aware of, and utilizing, all available sources. Agency advertising methods, Question #17, was added to measure the various media used to advertise the availability of services. Finally, Question #18 examined if other needs assessments had been accomplished within the last five years so that any previously gathered information could be used to compare/supplement this report.

Three weeks after the surveys were mailed out, follow-up phone calls were made in order to obtain additional survey returns, as well as to inform agencies of the community focus groups for their areas. Notices of the community focus groups were also sent by mail at least one month before the meetings were scheduled to be held. As a reminder, community agencies were also notified by telephone one week before the groups were held.

Survey Results Summary

Survey results were broken down and examined in three categories: statewide, rural and urban. The first category is comprised of all the surveys returned. The second category comprises the rural areas, which consist of all returned surveys received minus the urban areas with a population of 25,000 or more. The third category examined is the urban areas with populations of 25,000 or more. These areas include Las Vegas, North Las Vegas, Henderson, Reno, Carson City and Sparks.

There are significant differences in the client base between urban and rural areas. Although participants from both areas stated that the largest percentage of their clients are from all categories, it was interesting to note that the rural area agencies were twice as likely to write-in that they serve “women with children”, than urban area agencies. Two percent of urban agencies stated that their clientele were men, no rural agencies made this statement. Also notable is the difference in agencies that claimed to serve “both”. Urban agencies are five times more likely to serve both female and male clients than rural agencies. This reinforces the statements at the focus group meetings concerning the lack of certified batterer treatment programs in the rural communities while women receive limited services.

Survey results demonstrate that there is little variation in the types of services offered. The one difference noted was the size of the area an agency needs to cover. Fifty-nine percent of survey respondents were urban agencies, located in one of two metropolitan areas in Nevada. These metropolitan areas consist of six cities; Carson City, Henderson, Las Vegas, North Las Vegas, Reno and Sparks (See Exhibit 4). The remaining 41% of the survey respondents provide services to the rest of the state.

Sixty-six percent of the total service providers, 72% in urban areas and 51% in rural areas, who responded stated that they offer some kind of service in a second language. Most respondents stated that the second language was Spanish. Other languages offered are Chinese and German. Two court agencies stated they did not have funding for full time bilingual

services but they utilized medias such as AT&T Language Line or in-court interpreters. Included in the “other services” category were English as a Second Language (ESL) classes and Teletypewriter (TTY) services for the hearing and speech impaired in Spanish. With Nevada having a Hispanic population of 19.7%, more bi-lingual services are needed, especially in the rural areas.

Question #15 asked respondents to identify the three greatest needs not being addressed in their communities. There was a wide range of answers to this question. The most common response was the need for education. This includes:

- Education of the general public that violence does not have to be tolerated and what resources are available;
- Education of service providers regarding cultural barriers;
- Education concerning legal rights;
- Education of children about what is appropriate behavior in society;
- Education concerning the cycle of violence;
- Life skills education for victims; and
- Education of judicial system personnel to enforce all aspects of temporary protection orders and stalking orders.

The second most common response was the need for housing. This includes the need for emergency shelters, and affordable transitional and permanent housing options. As discussed earlier in this report, although there are numerous mechanisms in place to assist victims, there are also many obstacles, such as lack of funding and a rapidly increasing population.

The third most common response was the need for counseling services. This includes certified batterer treatment programs, victim support groups, drug and alcohol treatment, long term counseling, immediate counseling services for victims and counseling for children in order to break the cycle of violence.

The fourth most common response was the need for more funding. Many reasons were used to explain the need for the funding:

- To hire more staff in order to offer more services;
- To assist victims in relocating;
- To provide clients with job skills;
- To provide for immediate needs; and

- To provide for long-term needs.

The lack of funding for social service programs has been an ongoing battle in Nevada, especially in the rural areas where there is a marked lack of service providers.

Part “a” of question #16 asked what kind of grants an agency utilized to support its programs. Results show that urban agencies are more than twice as likely to seek outside funding from a private foundation as a rural agency. The rest of question #16 measured other funding sources utilized. The results show that agencies in rural areas depend more on state and county funding than the urban areas. In addition, urban agencies receive more income from fundraising activities, private donations and city agencies.

Focus Groups

Based on the results of the returned surveys, twelve focus group meetings were held around the state in the communities of Las Vegas (one for urban service providers and one for rural service providers), Reno, Hawthorne, Elko, Ely, Fallon, Pahrump, Lovelock, Caliente, Winnemucca and Tonopah. The focus groups provided the opportunity to discuss with the community service providers the results of the survey. The focus groups also gave the service providers an opportunity to discuss and examine shared interests and concerns specific to their community. Through the surveys and focus groups, the different needs and/or concerns between urban and rural communities within the state of Nevada were examined. Issues examined included, but were not limited to, domestic violence, physical assault, sexual assault, stalking, suicide and elder abuse. Services examined included, but were not limited to, information and referral, emergency intervention, prevention, counseling, advocacy, emergency medical services, emergency housing, transitional housing and financial assistance.

Focus Group Summary

During the focus groups, the three main needs not being addressed in their communities (Question #15 on the survey) were discussed. How the needs are currently being addressed and how the community would like to see the needs addressed were also discussed. There were also issues not addressed in the survey but brought up in the groups as community concerns. Injury prevention programs that are being addressed in the communities and injury topics the community felt needed the most attention were also discussed. The focus groups were also asked to express their opinions on how best to educate the community about these topics.

The results of focus groups suggest that the areas of concern of the communities are:

- Rural areas have a high degree of need primarily due to the lack of services in the areas examined;
- Urban areas, due to the intense rapid population growth and the slow infrastructure growth combined with the lack of funding, also have a high degree of need in the services examined;
- Rural areas have little or no access to affordable mental health services to address the depression that victims of violence often experience, which may lead to suicide;
- Rural areas have a marked need for certified batterer treatment programs in order to complete the court ordered counseling requirements;
- There is a statewide need for education of both victims and perpetrators, portraying the message that any type of violence is not acceptable; and
- There is a need for education of law enforcement and judicial personnel concerning addressing and enforcing all aspects of temporary protection and stalking orders.

In most of the rural communities, focus group participants stated that there were no counselors at all. The focus groups also expressed a concern over the lack of certified batterer treatment programs in rural communities. Although the court may order a perpetrator to attend a treatment program, the obstacles of successfully completing the program are tremendous. For example, without a program in the community, an individual may have to travel more than two hours one way to attend a meeting, then another two hours to return home. This may result the individual having to take time off work, which reduces household income, and provides additional frustration and stress. The response of the court concerning the lack of completion of batterer treatment programs varies from area to area. In some communities the court system does not enforce the order due to lack of services. In other counties the courts may accept completion of an anger management class in lieu of a batterer treatment program, and in other communities the court enforces the order regardless of the cost to the clients.

Disclaimer on Focus Group Reports

Social, ethnic, economic and housing characteristics were examined for each county listed below. All communities demonstrate a diverse population. Significantly higher population characteristics were identified in some communities. They are addressed since they may contribute to the barriers experienced by some victims in accessing needed services. Although

these characteristics are not discussed in some counties, it is only because they exist at a slightly lesser degree. For more statistical information on each county in Nevada you can obtain this information from the United States Census Bureau website at http://quickfacts.census.gov/cgi-bin/state_QuickLinks?32000.

Most of the participants at the focus groups agreed that the lack of funding for needed services is the primary need. In some counties, participants were able to identify one or more needs as a priority. Other counties expressed frustration that, due to the lack of services, no primary need could be identified.

Churchill County

The community focus group for Fallon was well attended and represented by all sectors of Churchill County. Representatives from a variety of agencies attended this focus group including, Domestic Violence Incorporated, Friends Family Resource Center, and the Paiute-Shoshone tribe.

According to the 2000 United States (U.S.) Census Bureau, the population for Churchill County is 23,982 with a person per square mile count of 4.9 and no metropolitan area. This county has a diverse population; 8.7% of Hispanic origin, 4.8% of American Indian/Alaska Native origin and 2.7% of Asian origin. It also has a transient population with only 45.4% having lived in the same house since 1995. Also according to the Census Bureau, 60.1% of the population who survive on an income below poverty level are families with a female head of household.

As stated by the participants, Fallon service providers take great pride in their ability to work together for the good of the client. Even so, they identified many needs that they do not have the ability to address. Transitional or permanent housing was rated as the number one need. The community has a fifteen-bed shelter. Although there is a 30-day limit on an individual's stay, it may be extended under special circumstances. There are no transitional housing programs in the community for the shelter population to move into. The Section 8 Housing Program has an 18-month waiting list. The focus group members stated that some apartment complexes in the community are willing to work with the low-income population, but only for short periods. The victim is left with the choice of returning to the home or moving to another city.

Mineral and Lyon Counties

The community focus group for Mineral and Lyon Counties was held in Hawthorne. No one attended this group although information from Advocates to End Domestic Violence and Teen Issues were obtained through telephone interviews.

Mineral County, according to the 2000 U.S. Census Bureau, had a population of 5,071 with a person per square mile rate of 1.3 individuals. The Census also documents that there was a 3.6% decrease in population between April 1, 2000 and July 1, 2001. Mineral County's population is composed of 15.4% American Indian, the highest percentage of all the counties in Nevada. The population, 8.4% persons of Hispanic or Latino origin and 4.8% Black or African American persons, demonstrates Mineral County's diversity.

Lyon County, according to the 2000 U. S. Census Bureau, had a population of 36,783 with a person per square mile rate of 17.3 individuals. Eleven percent of the county's population is of Hispanic or Latino origin with 10.9% of the population stating that a language other than English is spoken at home, and 19.3% reported having a disability.

Hawthorne's phone interview stated transitional housing is their biggest problem. Hawthorne, which is located in Mineral County, has a shelter and transitional housing program to assist the victims. Hotels are utilized for emergency housing in both Mineral and Lyon counties. Once in the transitional housing program, clients are provided with support groups, job training programs and case management services. By utilizing this approach, the victim is able to stay in the community.

Elko County

The Elko focus group was held to discuss the needs of Eureka and Elko Counties. Representatives from a variety of agencies attended this focus group including the Elko Police Department, the Elko Police Department Detective Division, the Elko Defense Attorney's Office, the Family Resource Centers of Northeastern Nevada, and Hispanic Services.

Elko County, according to the 2000 U.S. Census Bureau, has a population of 45,291 with 2.6 persons per square mile. The Census also documents that 14.6% of the population has a disability, 20% speak a language other than English at home, and 14.8% have a bachelor's degree or higher. Of the families living below poverty level, 23.9% are with a female head of household, no husband present, and 7.6% are elderly.

A member of the focus group felt that the lack of women reporting abuse is a problem. The group expressed opinions that some of the reasons for the lack of reporting are concerns about consequences to the abuser. These consequences may include the abuser being arrested and loss of wages. Also stated was the loss of firearms if a temporary protection order is issued, since this could result in the loss of meat from hunting. Additionally concerns were the loss of family, support systems and the involvement of law enforcement. Finally, focus group participants stated underreporting of violence is due to the lack of education that violence is wrong and does not have to be tolerated. Eureka County providers were also invited to attend this focus group. There were no representatives from Eureka County.

Humboldt and Lander Counties

The community focus group for Humboldt and Lander Counties was held in Winnemucca. Representatives from a variety of agencies attended this focus group including Winnemucca Mental Health, Summit Lake Paiute Tribe, and the Department of Child and Family Services.

Lander County, according to the 2000 U. S. Census Bureau has a population of 5,480, with 1.1 persons per square mile. In addition, 20.4% of the population has a disability, 25.7% of the families who live below poverty level are families with a female head of house, no husband present, and 12.9% are elderly.

Humboldt County, according to the 2000 U. S. Census Bureau has a population of 15,322 with a person per square mile rate of 1.7. Of this population, 15% have a disability, 25.1% of the families living below poverty level are families with a female head of house, with no husband present, and 10.8% are elderly.

According to the focus group participants, the main concern is the lack of shelter and/or safe houses. Currently victims of domestic violence are temporarily sheltered in local hotels for up to three days. Afterwards, the victim must make the decision either to return to the home or to accept a bus ticket to Reno or to a family member. There are no transitional housing services. Volunteers in the community operate the domestic violence program and it was reported that the emergency hotline goes unanswered much of the time.

The second concern is community awareness and education. The focus group expressed the opinion that many victims are isolated and do not realize that they do not have to tolerate the abuse. It was stated that a media campaign would be useful. Suggestions were made to

advertise on the radio, television, and through the newspapers in both English and Spanish. It was also suggested to advertise through the school system.

Lincoln County

The community focus group for Lincoln County was held in Caliente. Representatives from one agency, the Lincoln County Public Health Department, and two local community members attended this focus group.

Lincoln County, according to the 2000 U. S. Census Bureau has a population of 4,165, with 0.4 persons per square mile. The Census also shows 16.5% of the population had income below poverty level. Of the families living below poverty level 35.3% are families with a female head of household, with no husband present, and 17.4% are elderly.

Currently, Lincoln County has few workers in any social service field. Support Incorporated, a non-profit organization based in White Pine County, attempts to provide domestic violence services to Lincoln County on a part time basis. The focus group stated that elder abuse, domestic violence and drug and alcohol usage are the primary three problems in this community. The lack of any permanent services in Lincoln County makes addressing the problems of this community difficult.

Nye and Esmeralda Counties

Nye County is over two hundred miles in length, therefore two meetings were schedule to address the needs of both Northern and Southern Nye County and Esmeralda County.

Nye County, according to the 2000 U. S. Census Bureau has a population of 32,485 with a person per square mile rate of 1.8 individuals. The Census indicates that 25.2% of the population has a disability and 20.5 % have income other than earnings. In addition, 23.1% of the families who live below poverty level have a female as head of household with no husband present.

Esmeralda County is the most rural county in Nevada. According to the 2000 U. S. Census Bureau it has a population of only 978, and has a person per square mile rate of 0.3 individuals. From 1990 to 2000, the population of Esmeralda County has decreased by 27.8%. Twenty percent of the families who live below the poverty level are families with a female head of house, with no husband present, and 25.7% of this county's population has a disability. No representatives from Esmeralda County were present at either focus group.

The community focus group for Northern Nye County and Esmeralda County was held in Tonopah. Both law enforcement and judicial system professionals attended. There were no domestic violence advocates at the meeting.

It was stated by the focus group participants that suicide and domestic violence are the two main problems in this community. The lack of mental health services contributes to this problem. One consulting psychiatrist visits the local hospital one day per month. There are few private counselors in the community. The court is currently accepting anger management classes in place of batterer treatment programs due to the lack of availability.

The Pahrump focus group was held to address the concerns of Southern Nye County. Lack of legal counsel was cited as the main problem in Southern Nye County. Representatives from a variety of agencies attended this focus group including No To Abuse, the Pahrump local news station, and four members from the Senior Center. Participants stated that the lack of legal representation for protection orders, including elder abuse, is very disheartening.

Lack of transitional housing in Pahrump was cited as the second problem that needs to be addressed. Group members stated that there is currently a two-year waiting list for Section 8 Housing, which is the only formal transitional housing available in the community. Currently, the local shelter has nine beds and representatives state that the shelter has never been full. Therefore, they do have the ability to allow clients to stay longer than the fourteen-day limit, with the executive director's approval.

The lack of counseling services in Pahrump was cited as the third community problem. Currently, there is no certified batterer treatment program in Pahrump. Without a certified program in the area, residents have to travel to Las Vegas to meet court demands. Due to the lack of resources in the community, the existing service providers do not restrict their services to just one section of clientele. According to the shelter representatives, the shelter addresses all types of abuse, not just domestic violence. There are no homeless shelters in southern Nye County and no public transportation system.

Pershing County

The community focus group for Pershing County was held in Lovelock. Primarily, law enforcement personnel attended the Lovelock focus group.

Pershing County, according to the 2000 U.S. Census Bureau has a population of 6,693 with 1.1 persons per square mile. The county has a diverse population with 19.3% of Hispanic

or Latino origin, 3.4% are American Indian and Alaska Native persons, and 5.3% are Black or African American persons. Within this population, 20.4% have a disability and only 8.7% have a bachelor's degree or higher.

Both the sheriff's office and the police department expressed disappointment that more local service providers had not attended the meeting, as there were not as many opportunities for round table discussions and networking as they would like. They stated that both the sheriff's office and the police department have bi-lingual capabilities. Both offices state that the main problem in the community is that it is hard to convince women that they have rights and that domestic violence is against the law. It was cited that non-reporting and cultural differences are the largest obstacles. Domestic violence advocates, according to the police department, are very good at responding to assist within the city of Lovelock. The sheriff's office stated that they feel very frustrated because their advocate does not go out to the site due to the isolation of many of the county residences. As one officer stated, "it is very difficult and frustrating to be giving the victims the information they need, while they are thinking that if they could just go after the perpetrator now, they could probably catch him."

Washoe, Carson City, Douglas and Storey Counties

The community focus group for Washoe County, Carson City, Douglas County, and Storey County was held in Reno. Both urban and rural service providers attended the meeting. Representatives from a variety of agencies attended this focus group including the Reno Police Department, Domestic Violence Advocates, Nevada Hispanic Services, the Salvation Army, Nevada Urban Indians, Washoe County District Health Department, Head Start, Washoe Legal Services, the University of Nevada Reno Counseling Center, HAWC Incorporated, and the Division of Aging.

These counties have a metropolitan area that includes Reno, Carson City and Sparks. According to the 2000 U. S. Census Bureau, Washoe County has a total population of 339,486 with 53.5 persons per square mile. Fifty three percent live in the southern towns of Reno and Sparks, while northern Washoe County remains rural. Carson City has a population of 52,457 located within 143 square mile area. Carson City is the capital city of Nevada and is a county in itself.

Transitional housing was cited by the focus group as the primary need in these communities. Current housing apparently does not have the ability to provide the support

services long enough for the victims to gain the skills they need to become self-sufficient. Group participants stated that the community college system has great programs for retraining of welfare recipients.

Lack of daycare assistance was cited as the second problem faced by victims. According to the focus group, funding to subsidize daycare is extremely limited. For individuals with children, especially if they have just moved to the community from a rural shelter, daycare is needed to seek employment or obtain training.

White Pine and Eureka Counties

The community focus group for White Pine County and Eureka County was held in Ely. Agencies represented included law enforcement, the local family resource center and Support Incorporated, which shares office space with the resource center.

White Pine County, according to the 2000 U.S. Census Bureau, has a population of 9,181 in 2000 with a 4.5% decline between April 1, 2000 and July 1, 2001. The person per square mile rate is 1.0 with no metropolitan area. There is a large Hispanic/Latino community at 11.0% and 9.7% stated that a language other than English is spoken at home. Only 11.8% of the population has a bachelor's degree or higher compared to the national rate of 24.4%, and 19.4% have a disability.

Eureka County has a population of 1,632 with 0.4 persons per square mile, according to the U.S. 2000 Census Bureau. The Census also showed that there would be an estimated 1.2% reduction in population between April 1, 2000 to July 1, 2001. The Census also documents that 21% of the population have a disability, 10.7% speaks a language other than English at home and 13.6% have a bachelor's degree or higher. Of the families with income below the poverty level, 36% are families with a female head of household, and 16.4% are elderly. There were no representatives from Eureka County at the focus group.

Lack of services was cited as the primary need. Currently Support Incorporated, located in Ely, is the only domestic violence organization servicing White Pine County, Eureka County, Lincoln County and parts of Northern Nye County. The group expressed frustration at the lack of funding for personnel. With an office of three, they are expected to address the issues in this large area. Due to the lack of funding, services have been reduced to part time in the outlying areas.

Clark County

Two focus groups were scheduled for Clark County, one for the urban community and one for the rural community. The urban community focus group was well attended, but the rural community focus group only had one participant, a participant from Laughlin. This individual stated that there are two service providers in Laughlin, one who represents victims in the legal system, and a family resource center director who attempts to address all the other community issues by himself. Representatives from a variety of agencies attended the urban focus group including the Las Vegas Metro Police Department, Bridge Counseling, Safe House, Economic Opportunity Board-Head Start, University of Nevada Las Vegas Counseling Center, Gay Lesbian Bi and Transgender Center, Economic Opportunity Board-Health Services, Nevada Coalition Against Sexual Violence, the Women's Development Center, Community Action Against Rape, and Southern Nevada Adult Mental Health Services.

According to the 2000 U.S. Census Bureau, Clark County has a population of 1,375,765 and a person per square mile count of 173.9. There is one only major metropolitan area encompassing the cities of Las Vegas, North Las Vegas and Henderson. They all have populations over 25,000 and are located close to each other. Within the metropolitan area, there is a population of 807,075 or 59% of the county's total population. The remainder of the population are scattered in small communities throughout the county.

As in other focus groups, most participants agreed that education is a greatly needed service. Public awareness was rated as the main need by the group, as well as awareness of cultural differences. According to the focus group, groups that need to be educated included, but are not limited to, judges, elected officials and the public. It was suggested that education start in the schools to start building self esteem early. The group also stated that education about all forms of violence against women, including emotional abuse, stalking, and sexual abuse, is needed. The opinion of the group was that many individuals do not identify certain actions as being inappropriate, such as emotional abuse, in which there are no visible wounds. It was the consensus of the group that a media campaign that featured "real" people with real issues and injuries would be of great value to the community.

Recommendations

The needs assessment revealed a number of areas and topics that the Nevada State Health Division could potentially address to help all violence against women providers prevent and

intervene for victims and perpetrators of violence. The VAW Steering Committee was asked to review the needs assessment and based on the survey and focus groups results, pick the top priorities that need to be addressed in the state of Nevada.

Top 4 Priorities

- **Develop a Public Education Campaign for Community Members.**
- **Develop Educational Training for Healthcare Providers, Judicial and Law Enforcement Personnel.**
- **Provide Funding for Batterers Treatment Programs Statewide.**
- **Provide Funding for Communities that have no available Transitional Housing.**

1. Develop a Public Education Campaign for Community Members.

The first recommendation was to implement a multi-media campaign to educate community members. During the focus group meetings, radio and television media campaigns were suggested numerous times, not only to advertise services as the survey documents, but as an educational tool for the general public.

It was stated that most organizations rely on Public Service Announcements to run their advertisements. With additional funding for airtime, and utilizing the smaller, local stations, these advertisements could be utilized more efficiently to reach more community members.

2. Develop Educational Training for Healthcare Providers, Judicial and Law Enforcement Personnel.

Education of health care providers, judicial and law enforcement personnel in identifying the signs of violence is essential. These professionals are usually the first to have contact with both victims and perpetrators and must be trained in the appropriate procedures. In rural communities, these professionals have limited personnel with high workloads who have difficulty attending trainings in urban areas. All rural focus groups expressed a desire to have trainings on these topics in their communities. While training efforts are underway, there is clearly a need for supporting these efforts and developing new ones.

The Nevada VAW Survey also reported that informal law enforcement interventions, such as detective contacts, could be an effective means of deterring stalkers, particularly in cases

where the victim and the suspect had some prior relationship and where the stalker is not suffering from mental illness. Findings showed victims were more likely to credit informal, rather than formal, justice system interventions for the cessation of their stalking. For example, 15% of victims said their stalking stopped after their assailants received a warning from the police. By comparison, only 9% of victims said their stalking ceased because their stalker was convicted of a crime, and less than 1% said the stalking stopped because they obtained a restraining order against their stalker. Nineteen percent said the stalking stopped because they (the victims) moved away.

3. Provide Funding for Batterer Treatment Programs.

According to the Nevada Batterer Treatment Standards, “treatment of the offender is one element of a comprehensive community based intervention, which includes the criminal justice system’s actions. Continued interagency communication and cooperation is essential to assess the lethality of the violent offender, the potential for harm to the victim and the effectiveness of the programs”. Without a certified batterer treatment program in the community, an important element is missing, leaving the victim vulnerable to further, possibly lethal, violence.

In rural communities, the lack of a certified batterer treatment program is due to the lack of personnel. The rural agencies were usually understaffed and trying to cover a larger area. In all areas the group expressed frustration at the lack of solutions present to address indigent batterers.

4. Provide Funding for Communities that have no available Transitional Housing.

As previously discussed, shelter options in rural communities are very limited. Most victims do have the option of staying at a motel for a couple of nights until they decide what their plan of action is going to be. Many have to leave the community because they are unable to find housing and/or the supportive services needed to obtain self-sufficiency. Unfortunately, leaving the community also means leaving any support system they may have in place, formal or informal. Many may have jobs in the community, but without affordable housing and childcare assistance, their choices are still limited to either returning to the abuser or moving to an urban area where more services are available.

Since emergency shelter is available through hotels in rural areas, and everyone in a small town would know the location of a “safe house”, transitional housing appears to be a viable

solution. Technical assistance should be provided to agencies in rural communities that are interested in developing transitional housing. Assistance with writing grants, planning, programs and development is needed.

Although it is impossible to stop violence against women totally with these few suggestions, it is believed that, with these mechanisms in place, the incidence of Violence Against Women in Nevada will decrease.

Conclusion

This needs assessment will be useful to the Nevada State Health Division for many reasons, and will also be made available to other agencies and projects to support their efforts. It has provided information about the state of awareness and issues faced by particular provider groups in relation to violence against women. The assessment has helped identify and prioritize the needs that the Nevada State Health Division and other agencies can address as resources are available to do so. Finally, one of the best outcomes of the assessment has been the collaboration being forged to address violence against women in public health activities and settings.

The Nevada State Health Division appreciates the various practitioners and associations for their participation and forthrightness during this assessment process. Their information, ideas, and concerns are very valuable as the Nevada State Health Division moves forward to address violence against women.

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EXHIBIT

1

Dear Colleague:

Thank you for taking the time to complete this survey. The information that you provide is extremely important. When you finish the survey, please fax it to 702-646-3120.

Remember to mark all areas that apply to your agency for women 18 years of age and older.

1. Organization Name: _____
2. Mailing Address: _____

3. Telephone #: _____ Fax #: _____
E-Mail: _____ Web Site: _____
4. Name and title of person completing survey: _____
5. What type of organization is your agency?
 - a. _____ Federal
 - b. _____ State
 - c. _____ County
 - d. _____ City
 - e. _____ Tribal
 - f. _____ Nonprofit
 - g. _____ For profit
6. How many employees does your agency have? _____
7. Is your client base primarily (Please check all that apply).
 - a. _____ Female
 - b. _____ Male
 - c. _____ Both
 - d. _____ Families with children
 - e. _____ All of the above
8. To whom do you provide services? (Please check all that apply)
 - a. _____ Victims
 - b. _____ Perpetrators
 - c. _____ Both
 - d. _____ General Public
 - e. _____ Other _____
9. Which of the following types of client, (if any) does your agency provide services to? (Please check all that apply)
 - a. _____ Information and referral services.
If checked, approximately how many referrals did your agency provide between January 1, 2002 and march 31, 2002? _____
 - b. _____ Prevention/Education services
If checked, approximately how many Prevention/Education services did your agency provide between January 1, 2002 and march 31, 2002? _____

- On what issues? _____
- c. _____ Domestic Violence
 - d. _____ Physical Assault-other than by a current or former intimate partner
 - e. _____ Sexual Assault-rape or attempted rape
 - f. _____ Stalking
 - g. _____ Suicide
 - h. _____ Elder abuse

10. Are you aware of any preventative efforts in your community to address any of the following issues? (Please check all that apply)

- a. _____ Alcohol in Motor Vehicle Injuries
- b. _____ Bicycle and Pedestrian Injuries
- c. _____ Fall Injuries
- d. _____ Fire and Burn Injuries
- e. _____ Motor Vehicle Injuries
- f. _____ Poisonings
- g. _____ Smoke Alarm Use
- h. _____ Seatbelt and Safety Seat Use
- i. _____ Submersion Injuries
- j. _____ Suicide
- k. _____ Traumatic Brain Injuries
- l. _____ Traumatic Spinal Cord Injuries

If you did not check any item in question #9, thank you for your time, you do not need to complete the rest of the survey. Please fax the survey to 702-646-3120.

11. What type of services does your agency provide? (Please check all that apply)

- a. _____ Information and Referral
- b. _____ Emergency intervention
- c. _____ Prevention
- d. _____ Counseling
- e. _____ Advocacy
- f. _____ Emergency medical
- g. _____ Emergency housing
- h. _____ Transitional housing
- i. _____ Financial
- j. _____ Other: _____

12. Does your agency offer services in a language other than English?

_____ Yes _____ No

If "yes", what type of services?

- a. _____ Translator
- b. _____ Printed Material
- c. _____ Other _____
- d. In what languages? _____

13. Does your agency have a hotline? _____ Yes _____ No

- a. If yes, is it operated 24 hours a day? _____ Yes _____ No
- b. Is it operated by: _____ Staff _____ Volunteers _____ Both
- c. Is the hotline connected to a national hotline? _____ Yes _____ No

- d. Do you feel there is a need of a state wide hotline for:
 _____ Sexual Assault _____ Stalking _____ Domestic Violence
 _____ Other: _____

14. What type of follow up measures, or evaluations for success, does your agency use?

- a. _____ Client return rate
 b. _____ Client evaluations
 c. _____ Other (please explain) _____

15. What are the three greatest needs, related to violence against women, your agency feels are **NOT** being addressed in your community?

- a. _____
 b. _____
 c. _____

16. What are the primary funding sources your agency depends on to operate its programs? (Please check all that apply)

- a. _____ Grants
 _____ Federal Grants
 _____ State Grants
 _____ Private Foundations
 b. _____ Federal Agency
 c. _____ State Agency
 d. _____ County Agency
 e. _____ City Agency
 f. _____ Tribal Agency
 g. _____ Private Donations
 h. _____ Fundraising Activities
 i. _____ Other: _____

17. How do you advertise your agency's services? (Please check all that apply)

- a. _____ Television
 b. _____ Newspapers
 c. _____ Internet
 d. _____ Radio
 e. _____ Word of mouth
 f. _____ Brochures, flyers or posters.
 g. _____ Other: _____

18. Within the last five years, has your agency, or any other that you know of, conducted a needs assessment, survey or report showing the need for services in your community?

- a. _____ Yes b. _____ No c. _____ Unknown

If you have any questions please do not hesitate to contact Debra Conry, LSW, Violence Against Women Program Consultant at 702-218-6356.

EXHIBIT

2

KENNY C. GUINN
Governor

STATE OF NEVADA

YVONNE SYLVA
Administrator

MICHAEL J. WILLDEN
Director



VACANT
State Health Officer

**DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
BUREAU OF FAMILY HEALTH SERVICES**

**New funding for your programs may be available soon!
Don't miss out! Complete this brief survey and return it ASAP!**

Dear Colleague:

Over the last 20 years, awareness of the nature and extent of Violence Against Women has grown dramatically, leading to a development of an extensive range of support and legal services for women over 18 who experience violence. But despite the progress made in specific areas, the state of Nevada still has women who feel unsafe.

Enclosed you will find a survey that is the first step in conducting an assessment of the state's Violence Against Women programs and services. This is part of the strategic plan activities to identify support and resources needed to sustain and/or enhance Violence Against Women programs and services. The information gathered from the surveys will also be used to create a comprehensive, state-wide resource manual.

The second step will be community meetings located around the state. Local service providers from your area will meet to discuss the results of the surveys and to develop a plan of action to address the identified problems. Notices will follow by mail to inform you as the time and place of the meeting for your area.

The information collected will assist to generate a written plan identifying existing services and will show how the state will continue to support Violence Against Women prevention and intervention efforts.

Your input will help determine how and where funding on these issues will be distributed!

Please complete the enclosed survey and return in the enclosed, prepaid postage envelope, or fax to 702-646-3120, by July 12, 2002

If you have any questions please do not hesitate to contact Kristen S. Rivas, MS Ed, LADC, Injury Prevention Coordinator at 775-684-4285.

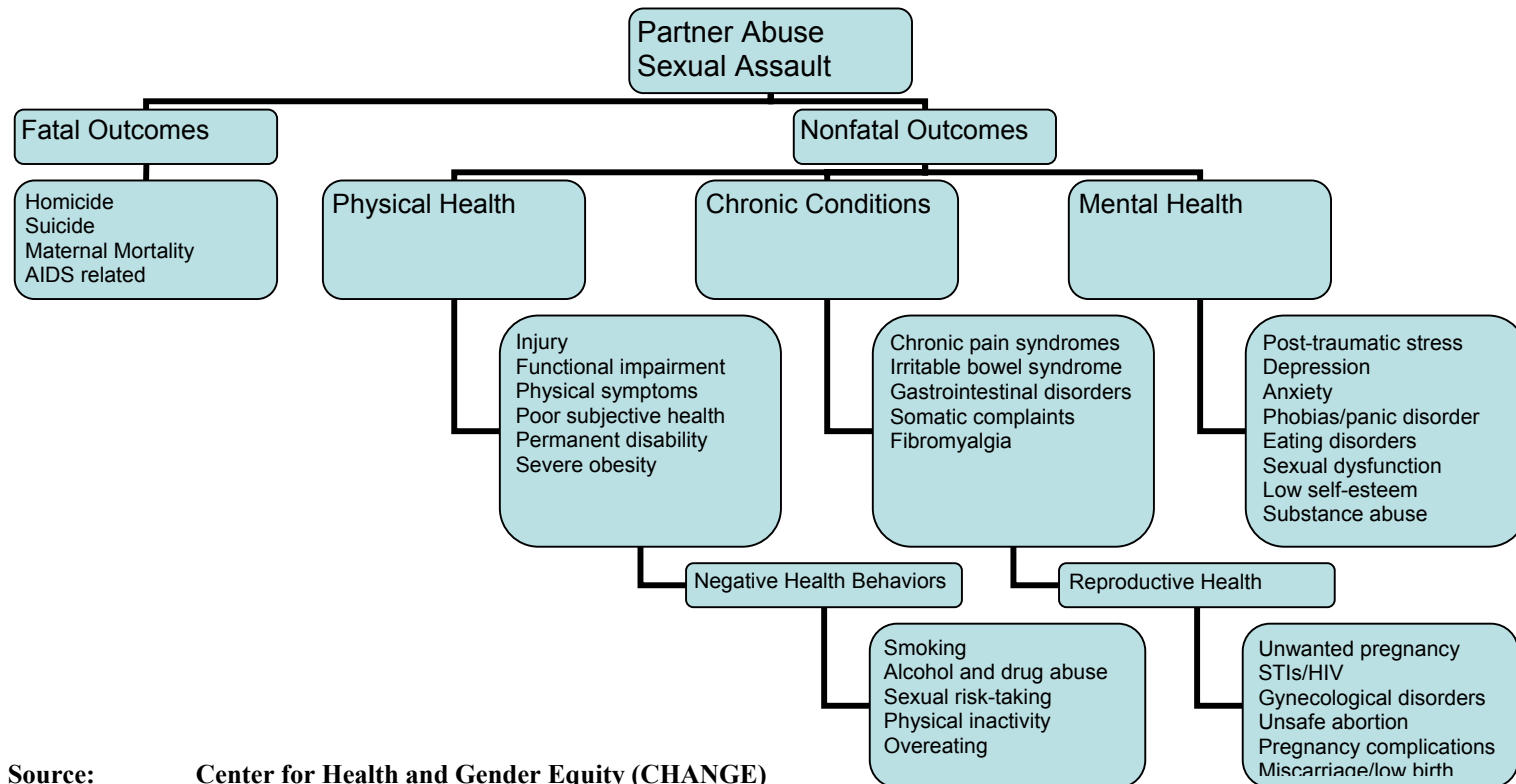
Sincerely,

Yvonne Sylva
Administrator

EXHIBIT

3

Exhibit 3. Health Outcomes of Violence Against Women



Source: Center for Health and Gender Equity (CHANGE)
Population Report

EXHIBIT

4

